

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| n re application of: DUBE ET AL. | _ |
|----------------------------------|---|
| Serial No. 10/534,582 | |
| Filed May 11, 2005 | |
| Group Art Unit 1625 | |
| • | _ |
| Examiner N. Rahmanj | |

For: 4-OXO-1-(3-SUBSTITUTED

PHENYL-1,4-DIHYDRO-1,8-NAPHTHYRIDINE-3-CARBOXAMID

E PHOSPHODIESTERASE-4 INHIBITORS

| Transmitted | herewith is | an amendment | t in the | above-i | identified | application |
|-------------|-----------------|------------------|----------|---------|------------|--------------|
| Tansmitted | 11010 11 111 15 | all allicitation | | 400101 | dominiou | application. |

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---------------------------------|----------------------------------|-----|---------------------------------------|------------------|------------|-------------------|
| | Claims remaining after amendment | | Highest Number Previously Paid For | Present Extra | Rate | Additional Fee |
| Total Claims | *14 | - | ** = | X | \$50 | =0.00 |
| Independent Claims | *3 | - | *** | X | \$200 | =0.00 |
| Multiple Dependent Claims | | | | | \$360 **** | = |
| | | | TOTAL ADDITIONAL FI | 0.00 | | |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- **** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully

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Date: July 24, 2007

IN DUPLICATE